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| OFFICIAL TDY TRAVELER AUTHORIZATION (Note: See Privacy Act Statement on reverse) | | | 1. AUTHORIZATION NO. 0T21NI | |
| 2. TRAVELER (first name, middle initial, last name) WILLIAM M. OROS | | 3. TITLE | | 4. SOCIAL SECURITY NO. EPA-00-028610 |
| 5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: 636 N Wright Street NAPERVILLE, IL 60563 | | 6A. OFFICE/SERVICE AND DIVISION | | 6B. CORR. SYMBOL |
| | | 7. OFFICIAL DUTY STATION | | 8. OFFICE PHONE NO. 3128860315 |
| | | 9. TYPE <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT | 10. CATEGORY <input checked="" type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA (<input type="checkbox"/> COST <input type="checkbox"/> NO COST) | |
| 11. TRAVEL PURPOSE (check one) <input type="checkbox"/> SITE VISIT <input type="checkbox"/> INFORMATION MEETING <input checked="" type="checkbox"/> TRAINING ATTENDANCE <input type="checkbox"/> SPEECH OR PRESENTATION <input type="checkbox"/> CONFERENCE ATTENDANCE <input type="checkbox"/> ENTITLEMENT <input type="checkbox"/> SPECIAL MISSION <input type="checkbox"/> OTHER (SPECIFY) | | | | |
| 12. SPECIFIC TRAVEL PURPOSE | | | | |

| 13. AUTHORIZED OFFICIAL ITINERARY | | | | | | | | | |
|---|-----------------|---|-------|---------------------|---------------------------|-------------------------|----------------------------------|--|---|
| NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference. | | | | | | | | | |
| DATE (a) | WEEK-DAY (b) | ITINERARY POINT (c) | | PER DIEM RATE | | | ACTUAL EXPENSE RATE (g) | MODE OF TRANS. BETWEEN ITINERARY POINTS (h) | MODE OF LOCAL TRANSPORTATION (i) |
| | | CITY | STATE | M&IE RATE (d) | MAXIMUM LODGING (e) | TOTAL MAXIMUM (f) | | | |
| | | FROM: | | | | | | | |
| 12/16/12 | SUN | TO: JACKSONVILLE | DU FL | 51 | 80 | 131 | | | |
| 12/17/12 | MON | JACKSONVILLE | DU FL | 56 | 91 | 147 | | | |
| 12/17/12 | MON | TO: GLYNCO | GA | 56 | 91 | 147 | | | |
| 12/20/12 | THU | GLYNCO | GA | 51 | 80 | 131 | | | |
| Continued | | on next page | | | | | | | |
| YES | NO | 14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement) | | | | | | | |
| | X | | | | | | | | |
| | X | 15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22) | | | | | | | |
| | X | 16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22) | | | | | | | |
| X | | 17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B) <input checked="" type="checkbox"/> USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. <input type="checkbox"/> USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER | | | | | | | 17B. MILEAGE RATE AUTHORIZED PER MILE. 0.555 |
| | X | 18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d). | | | | | | | |

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|--|--|--|--|--|--|---|--|
| 19. TRAVELER IS (check one) <input type="checkbox"/> a. GOV'T CHARGE CARD HOLDER <input type="checkbox"/> b. GOV'T CHARGE CARD DECLINEE <input type="checkbox"/> c. INFREQUENT TRAVELER | | | 20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22) <input type="checkbox"/> a. INDIVIDUAL GOVERNMENT CHARGE CARD <input type="checkbox"/> b. BLANKET GOVERNMENT CHARGE CARD <input type="checkbox"/> c. GOVERNMENT TRANSPORTATION REQUEST <input type="checkbox"/> OTHER (explain in item 22) | | | 21. FUNDS OBLI- GATED A. INITIALS B. DATE | |
| 22. REMARKS Item 15: Air travel not used. DIGITAL PHOTOGRAPHY DPLE-301 | | | | | | 23. EST. COST TO GOVERNMENT A. TOTAL COMMON CARRIER COST \$ 0.00 B. TOTAL PER DIEM AND OTHER \$ 423.96 C. TOTAL ESTIMATED COST \$ 423.96 | |
| 24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one) <input checked="" type="checkbox"/> a. GOVERNMENT ISSUED CHARGE CARD <input type="checkbox"/> b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT | | | | | | 25. ADVANCE AUTHORIZED \$ 0.00 | |

| IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY | | | | | | | | | | |
|--|------|--------------|-----------------|--------------|--|--------------|----------------------|---------------|-----------|---------------|
| A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP. | | | | | | | | | | |
| 26. NEAR ACCOUNT CLASS. | FUND | ORGANIZATION | BUDGET ACTIVITY | OBJECT CLASS | FUNCTION | COST ELEMENT | PROJECT / PROSPECTUS | COST CENTER A | WORK ITEM | COST CENTER B |
| Refer to accounting detail attachment (must be enabled on form preferences). | | | | | | | | | | |
| 27A. NAME AND TITLE OF AUTHORIZING OFFICIAL ASHE - SAC | | | | | 27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN) | | | 27C. DATE | | |

TRAVEL AUTHORIZATION (Continuation page)
EPA-00-028610
WILLIAM M. OROS

AUTHORIZATION NO:
0T21NI

ITINERARY

| DATE | WEEK DAY | CITY | STATE | M&IE RATE | MAX LODG | TOT MAX | ACT EXP | MODE TRAN | LOCAL TRAN |
|----------|-------------|------------------|-------|--------------|-------------|------------|------------|--------------|---------------|
| 12/21/12 | FRI | JACKSONVILLE (DU | FL | 51 | 80 | 131 | | | |
| 12/22/12 | SAT | JACKSONVILLE (DU | FL | --- | --- | | | | |
| 12/22/12 | SAT | RES: NAPERVILLE | IL | | | | | | |